## SERIAL NO SOUSS MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. IND. DEP. IND. DEP. DEP. DEP. IND. DEP. IND. IND. 乜 TOTAL TOTAL TOTAL DEP. TOTAL DEP.

TOTAL CLAIMS

FILING DATE